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2352 7590 06/03/2004

OSTROLENK FABER GERB & SOFFEN  
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Robert C. Faber	(Depositor's name)
<i>Robert C. Faber</i>	(Signature)
September 29, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/009,409	03/27/2002	Wilhelm Stork	P/4074-4	1789

TITLE OF INVENTION: INTRAOCULAR LENS HAVING A CENTRAL LENS AREA, AN ANNULAR LENS AREA, AND A MERIDIAN SECTION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	09/03/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHATTOPADHYAY, URMI	3738	623-006110

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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1 \_\_\_\_\_  
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ARI-TEC GESELLSCHAFT FUR  
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Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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- ☒ Issue Fee  
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(Authorized Signature)

*Robert C. Faber*  
 (Date)

Robert C. Faber, Reg. No. 24,322 September 29, 2004

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10/05/2004 WABDEL3 00000008 10009409

01 FC:2501  
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665.00 OP  
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